6. Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a Continuation Divisional Continuation-in-Part (CIP) of prior application No.: . filed Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS ☐ Customer Number or Bar Code Label 000027777 or Correspondence Address below Philip S. Johnson, Esq. Name: Johnson & Johnson Address: One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA

Please direct all telephone calls or telefaxes to William E. McGowan at:

(732) 524-2197 Telephone: Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

20. TELEPHONE CONTACT

William E McGowan NAME Rea. No. 39,301

SIGNATURE

DATE November 8, 2001

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| | Complete if Known | | |
|-----------------|------------------------|----------|--|
| | Application Number | | |
| FEE TRANSMITTAL | Filing Date | | |
| | First Named Inventor | KOLLIAS | |
| | Group Art Unit | | |
| | Examiner Name | | |
| | Attorney Docket Number | J&J-2067 | |

FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------------|--------------|-----------------|-----------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$710.00 |
| TOTAL CLAIMS | 24- 20 = | 4 | x 18.00 | \$ 72.00 |
| INDEPENDENT CLAIMS | 2 - 3 = | 0 | x 80.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | | N/A | \$270.00 | |
| | | TOTAL FEES | \$ 782.00 | |

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/J&J-2067/WEM in the amount of \$782.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/J&J-2067/WEM. Three copies of this sheet are enclosed.

| SUBMITTED E | IY: | | Complete (if applicable) |
|--------------------------|--------------------|------------------------|--------------------------------|
| Typed or Printed Name | William E. McGowan | | Reg. No. 39,301 |
| Signature | Suf | Date: November 8, 2001 | Deposit Account No. 10-0750 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: KOLLIAS

For : METHOD OF TAKING POLARIZED IMAGES OF THE SKIN AND

THE USE THEREOF

Express Mail Certificate

"Express Mail" mailing number: EL710838946US

Date of Deposit:

November 8, 2001

I hereby certify that this complete application, including 31 specification pages, 24 claims, and one informal drawing and unexecuted declaration, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Beth Cofone

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)